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**UTILITY PATENT APPLICATION TRANSMITTAL**  
**(Only for new nonprovisional applications under 37 CFR 1.53(b))**

Docket No. : 51533/MEG/E303  
Inventor(s) : Jan O. Solem, Per Ola Kimblad, Syndeon Ab  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
Express Mail Label No. : EV 327878943 US

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22386 U.S. PTO  
10/714462



**ADDRESS TO:** Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

November 13, 2003

1. X **FEE TRANSMITTAL FORM** (*Submit an original, and a duplicate for fee processing*).

2. **IF A CONTINUING APPLICATION**

X This application is a continuation of patent application No. 09/775,677.

Prior application information: Examiner Urmila Chattopadhyay; Group Art Unit: 3738.

       This application claims the benefit of Provisional Application No. pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

**Specification**

33 Specification, claims and Abstract (total pages)

**Drawings**

7 Sheets of formal drawing(s) (FIGS. 1 to 20)

**Declaration and Power of Attorney**

       Newly executed

       Unexecuted declaration

X Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4. **Microfiche Computer Program (Appendix)**

5. **Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)**

       Computer Readable Copy

       Paper Copy (identical to computer copy)

       Statement verifying identity of above copies

6. **APPLICANT(S) STATUS UNDER 37 CFR §1.27**

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Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

**7. ALSO ENCLOSED ARE**

Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication**

Preliminary Amendment

Includes "Cross-Reference to Related Applications"

A Petition for Extension of Time for the parent application and the required fee are enclosed

An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed

This application is owned by pursuant to an Assignment recorded at Reel , Frame

Information Disclosure Statement (IDS)/PTO/SB/08A/B

Copies of IDS Citations

Certified copy of Priority Document(s) (*if foreign priority is claimed*)

English Translation Document (*if applicable*)

Return Receipt Postcard (MPEP 503) (should be specifically itemized).

Other:

**8. CORRESPONDENCE ADDRESS**

**CHRISTIE, PARKER & HALE, LLP, P.O. BOX 7068, PASADENA, CA 91109-7068**  
**Customer Number: 23363**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 

Mark Garscia

Reg. No. 31,953

626/795-9900

**FEE TRANSMITTAL  
UTILITY PATENT APPLICATION**

**DATE: November 13, 2003**

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INSUFFICIENCY

Duplicate       

**FEE DETERMINATION**

CLAIMS AS FILED					
	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	LARGE ENTITY RATE	FEE
TOTAL CLAIMS	25 - 20	= 5	0 x \$9.00	5 x \$18.00	\$ 90.00
INDEPENDENT CLAIMS	3 - 3	= 0	0 x \$43.00	0 x \$86.00	0.00
MULTIPLE-DEPENDENT CLAIMS FEE			\$145.00	\$290.00	0.00
BASIC FEE			\$385.00	\$770.00	\$770.00
				TOTAL FILING FEE	\$860.00
List Independent Claims: 1, 15, 18					

**METHOD OF PAYMENT**

Payment Enclosed: Check for \$860.00.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **entire pendency** of the application to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A **duplicate copy of this sheet is enclosed**.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

MEG/llk